

| POSITION                  | INITIALS           | ID NO.          | DATE            |
|---------------------------|--------------------|-----------------|-----------------|
| FEE DETERMINATION         | <i>C.D.</i>        | <i>10/11/00</i> | <i>10/15/00</i> |
| O.I.P.E. CLASSIFIER       | <i>[Signature]</i> | <i>60320</i>    | <i>11-15-00</i> |
| FORMALITY REVIEW          | <i>[Signature]</i> |                 |                 |
| RESPONSE FORMALITY REVIEW |                    |                 |                 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim                  | Date |
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| Claim                    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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